

shp 24/05

Work Order ID 99759

April-11-13 3:19:05 PM

99759

Page 1

Item ID: 646.3715

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Strut Doubler

Stop

NS2

Start Date: 5/24/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

P

Date: 3-04-16

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
----------	--------------	--	--	--	--	--	--	--	--

646.3700	A								
----------	---	--	--	--	--	--	--	--	--

110		0.00							
-----	--	------	--	--	--	--	--	--	--

110

Waterjet

Memo

0.00

10 0 Jm 3-4-19

FLOW CNC Waterjet

6061 .040

I-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

120	QC2- Inspect parts off machine FAI/FAIB	0.00							
-----	---	------	--	--	--	--	--	--	--

120

QC

Quality Control

Memo

0.00

10 0 Jm 3-4-19

DQA: _____ Date: _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____		NCR No. _____									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/>

Work Order ID 99759

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99759

Page 2

Item ID: 646.3715

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Strut Doubler

Stop

NS2

Start Date: 5/24/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00	DAS 27 0.00	10					
140 *140* Outsource Outsource process - Anodize	Outsource process-Anodize per QSI017 4.1.10.1 Memo Issue P/O: <u>19638</u> HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)	0.00 0.00							<u>AB-04-15</u>
150 *150* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Memo	0.00 0.00							<u>04/16/13</u> <u>10</u>

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
Part No. _____			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/>	

Work Order ID 99759

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Page 3

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Item Name: Strut Doubler

Stop

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Start Date: 5/24/13 **Start Qty:** 10.00

10

Cust Item ID:

Required Date: 5/24/13 **Req'd Qty:** 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00 B5B					10		
170 *170* SprayPaint Spray Painting	Memo	0.00				10		J.R. m/w 13-05-23	
180 *180* QC Quality Control	QC14- Inspect Spray Paint Memo	0.00 0.00 8/31/13/24				(x10)			

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset									
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

Work Order ID 99759

April-11-13 3:19:05 PM

99759

Page 4

Item ID: 646.3715

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Strut Doubler

Stop

NS2

Start Date: 5/24/13 **Start Qty:** 10.00

10

Cust Item ID:

Required Date: 5/24/13 **Req'd Qty:** 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

**Sequence ID/
Work Center ID**

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

Identify as per dwg & Stock Location:

0.00

190

Packaging

Memo

PPO 99937434/307/36
0.00

13/5/2014

Packaging

***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND
REV***

200

QC21- Final Inspection - Work Order Release

0.00

200

QC

Quality Control

Memo

0.00

13/5/2014
MF
13-5-27

DQA: _____ Date: _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS													
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																
NCR No. _____																			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector							
Doc/Data																			
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
FAULT CATEGORY																			
Landing Gear	General				Grain				Ovalized				Pressure/Forced						
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>							
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>	Weld	<input type="checkbox"/>							
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>							
	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>							
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>							
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>							
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>							

Picklist Print

April-11-13 3:19:10 PM

Page 1

Work Order ID: 99759

99759
646 3715

Parent Item: 646.3715

Parent Item Name: Strut Doubler

Start Date: 5/24/13

Required Date: 5/24/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.040 6061-T6 .040 Sheet		Purchased	No			110	sf	675.0356	0.0434	0.456842	** 0.5		JM13-4-18

M6061T6S 040

Location	Loc Qty	Loc Code
MAT021	675.0356	
121099	273.7156	
123874	401.32	123874

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset	Other								
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

DART AEROSPACE LTD	Work Order:	99759
Description: Strut Doubler	Part Number:	646.3715
Inspection Dwg: 646.3700 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	JM	Audited by:	S 27	Preliminary Approval:	
Date:	13-4-19	Date:	17-3-19	Date:	

Rev	Date	Change	Revised by	Approved
A	13.03.04	New Issue	KJ	[Signature]

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
DWG TITLE: SHEETMETAL						
APPROVED BY:	ENGR: <i>[Signature]</i>	MFG: <i>[Signature]</i>	QC: <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS			EDR:	D-12-010

SHEET 1, ZONE A2 IS:

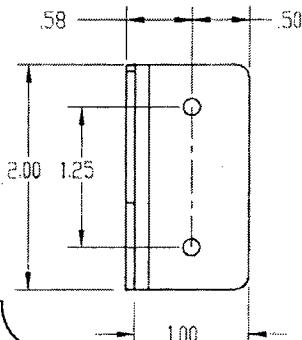
IS

PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

99159

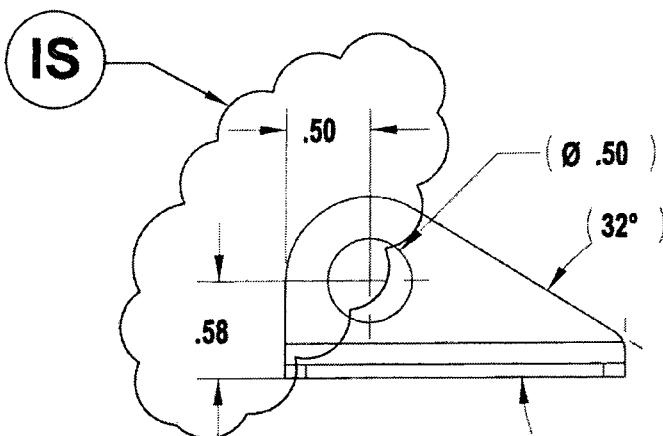
PL 130416

IS

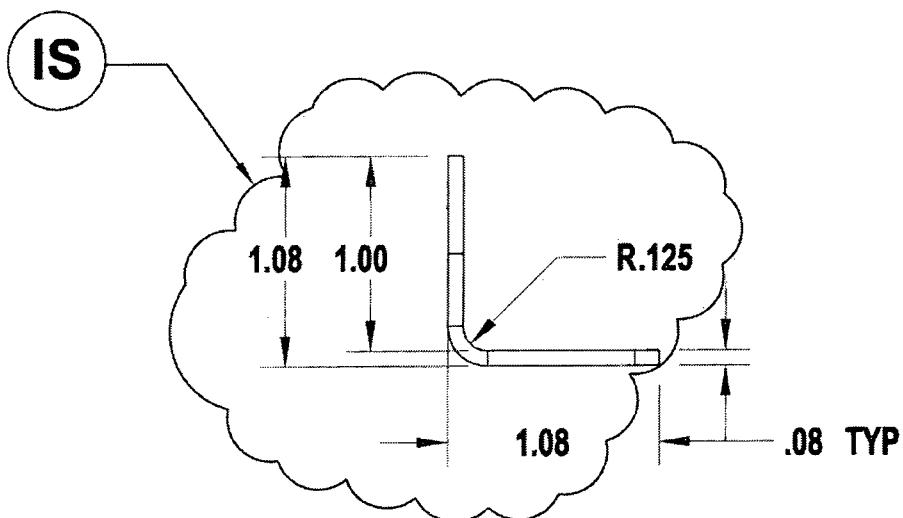


SHEET 7, ZONE B1 IS:

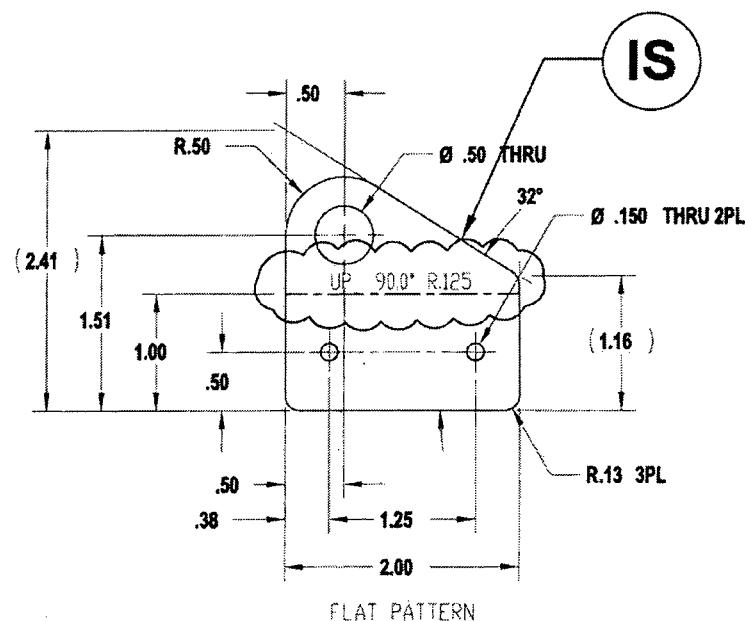
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	<input type="checkbox"/> CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



SHEET 7, ZONE C4 IS:



SHEET 7, ZONE D1 IS:



SHEET 7, ZONE B7 IS:

99159

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------

1 2 3 4 5 6 7 8
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 FOR ANYONE PRACTICING OR REPRODUCING ANY PARTS OR ASSEMBLIES CONTAINED
 HEREIN.

REF.	DESCRIPTION	DATE	APPROVED
A	UNINCORPORATED ECN(S)	07M26	P25

NOTES:

- ① MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- ② FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-23377J TYPE I CLASS N
- ③ MATERIAL: 17-4 PH AMS 5604, CONDITION H900
- ④ FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
- 5. DEBURR AND BREAK ALL SHARP EDGES
- 6. IDENTIFY IAW MPP-120

B

C

D

E

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EE

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PP

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RR

TT

UU

VV

WW

XX

YY

ZZ

AA

BB

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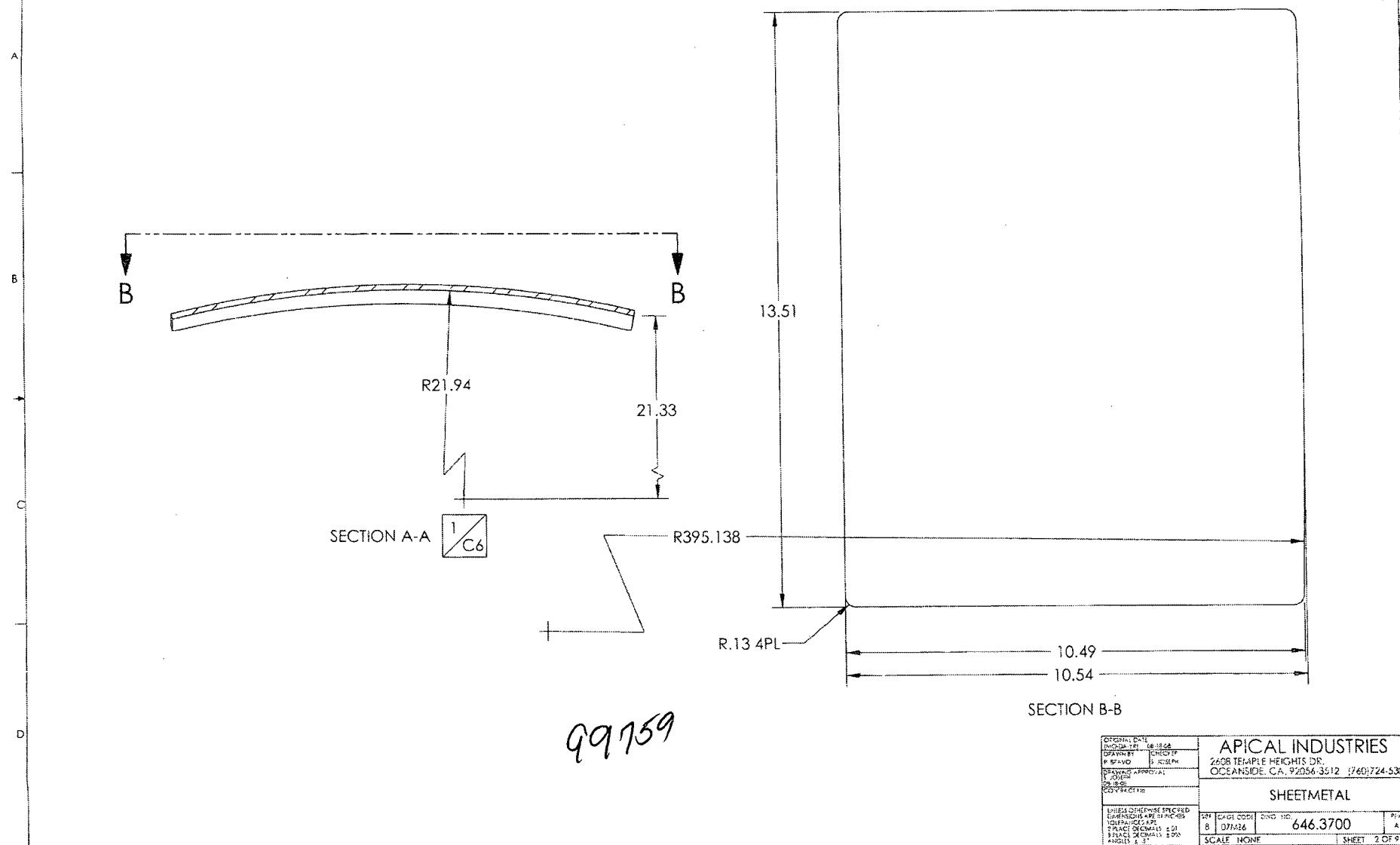
OO

PP

QQ

RR

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CO-CIAL DATE 10-12-1984	DESIGNER P. SPALVO	CHECKED J. SLEM
PRINTED APPROVAL S. SPALVO	DATE 10-12-84	CONTRACT NO. C-1000
THIS DRAWING IS FOR THE EXCLUSIVE USE OF APICAL INDUSTRIES SPECIFICATIONS ARE SUBJECT TO APPROVAL BY APICAL INDUSTRIES ONE PLACE DECIMALS & 2 PLACES FOR DECIMALS & INCHES ONE PLACE DECIMALS & 2 PLACES FOR DECIMALS & INCHES HOLES 1/3"		
CON CAGE CODE B D748	DRG NO. 646.3700	REV A
SCALE NONE		SHEET 2 OF 9

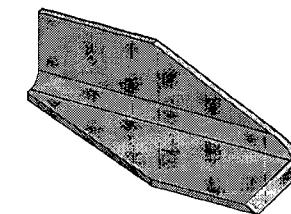
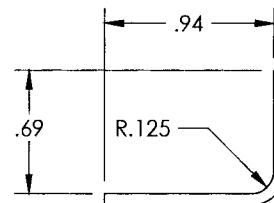
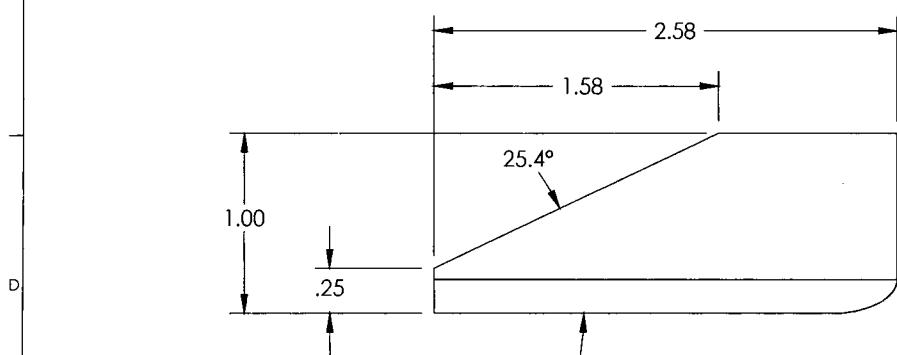
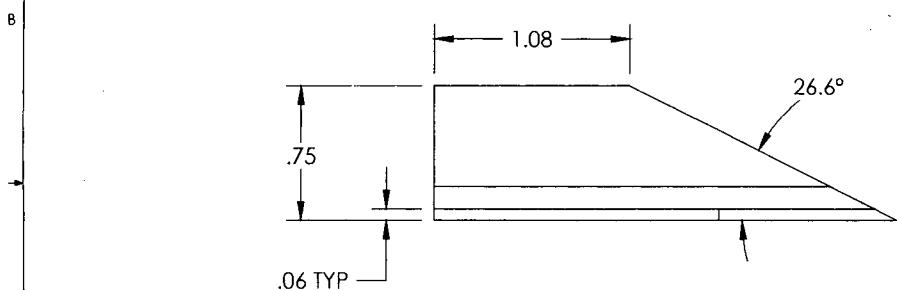
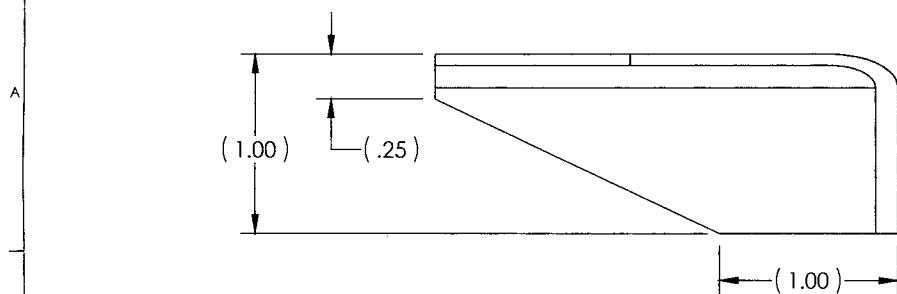
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEETMETAL

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1 2 3 4 5 6 7 8

REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



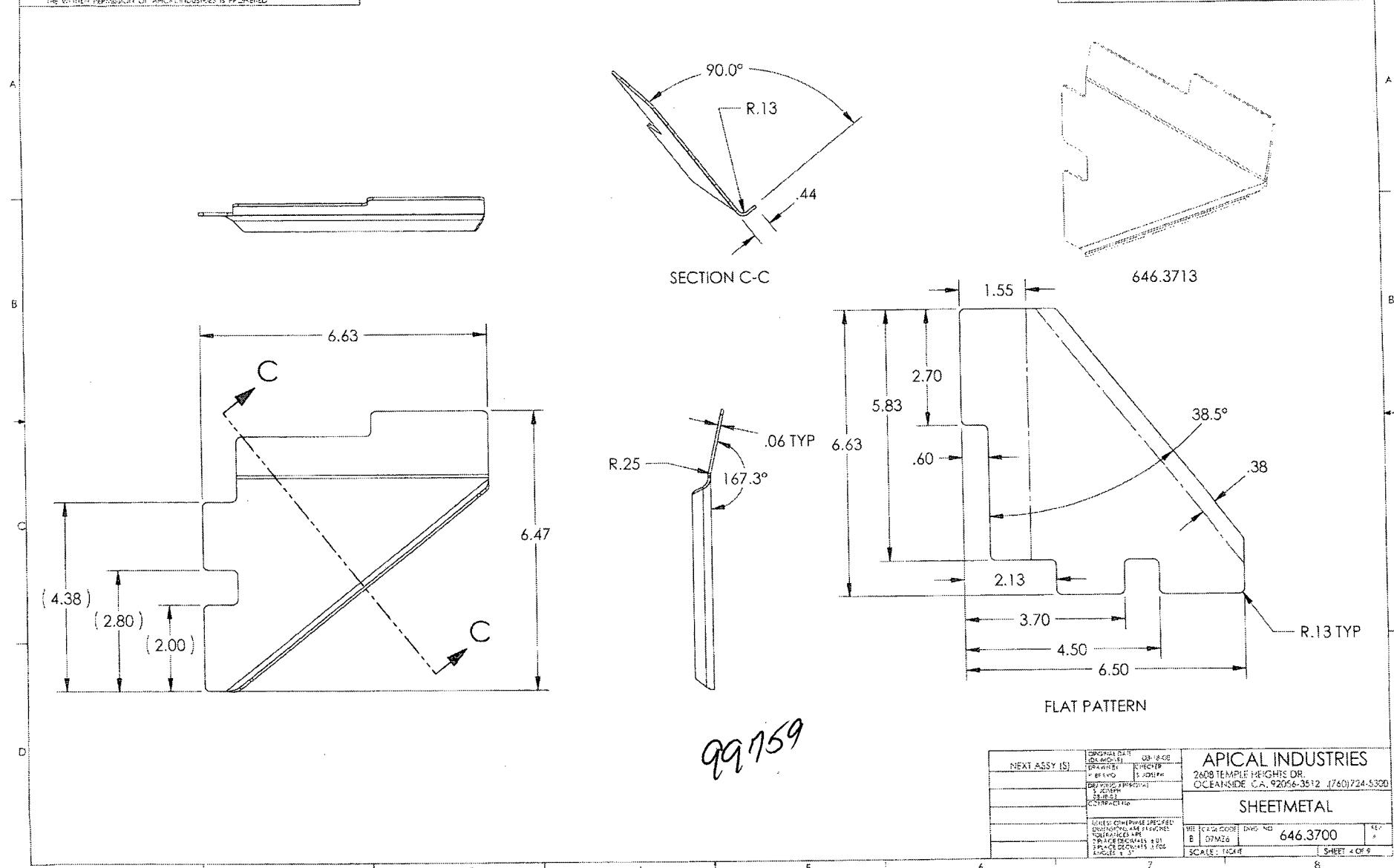
646.3711 SHOWN
646.3712 OPPOSITE

99159

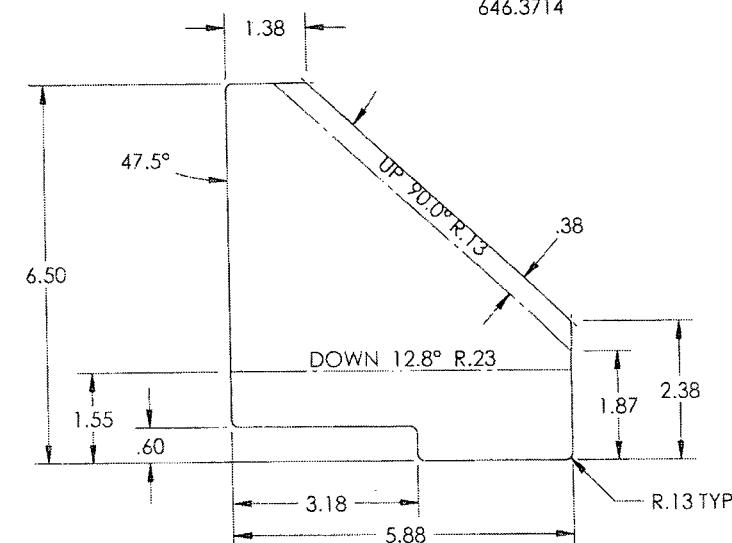
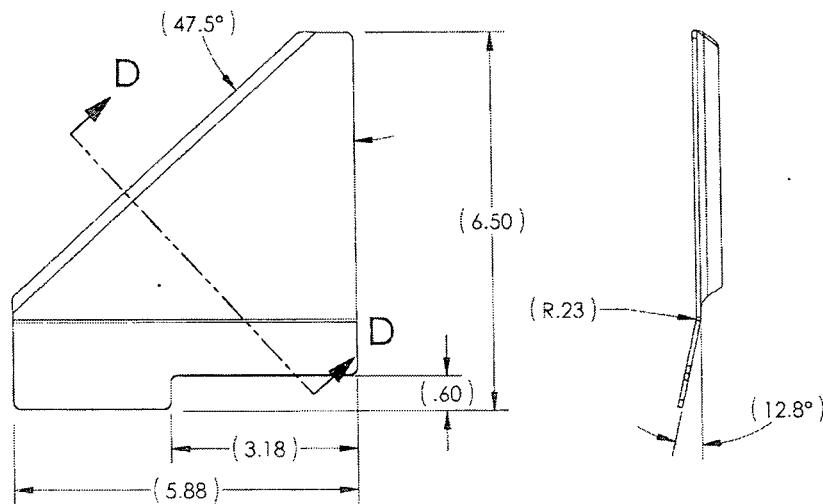
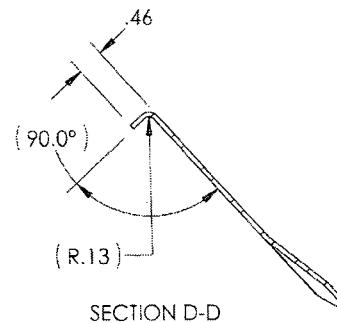
NEXT ASSY (S)	ORIGINAL DATE 08-18-06	APICAL INDUSTRIES
	DESIGNED BY P. BRAVO	2606 TEMPLE HEIGHTS DR.
	CHECKED S. JOSEPH	OCEANSIDE, CA. 92056-3512 (760)724-5300
	DRAWING APPROVAL S. JOSEPH	
	CONTRACTING	
	UNLESS OTHERWISE SPECIFIED	SHEETMETAL
	DIMENSIONS ARE IN INCHES	
	2 PLACE DECIMALS ±.01	REV. A
	3 PLACE DECIMALS ±.005	
	ANGLES ± 3°	
SITE B	CAGE CODE 07MZ6	DWG. NO. 646.3700
		SCALE: NONE SHEET 3 OF 9

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THE UNWITTING REPRODUCTION OR DISCLOSURE IS PROHIBITED.

ITEM	DESCRIPTION	DATE	APPROVED	PICKUPS	
				1	2



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FLAT PATTERN

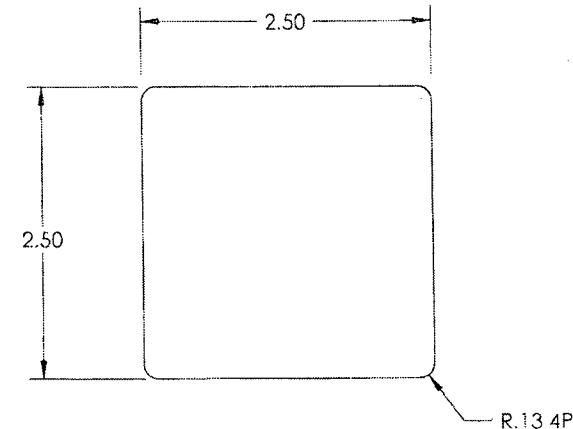
APICAL INDUSTRIES	APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.	2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512	OCEANSIDE, CA 92056-3512
TELEPHONE: (760) 724-5303	TELEPHONE: (760) 724-5303
FAX: (760) 724-5303	FAX: (760) 724-5303
DRAWING APPENDIX	
DRAFTSMAN: J. P. FORD	
DATE: 10/10/95	
SCALE: NONE	
SHEET 5 OF 9	

APICAL INDUSTRIES	APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.	2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512	OCEANSIDE, CA 92056-3512
TELEPHONE: (760) 724-5303	TELEPHONE: (760) 724-5303
FAX: (760) 724-5303	FAX: (760) 724-5303
DRAWING APPENDIX	
DRAFTSMAN: J. P. FORD	
DATE: 10/10/95	
SCALE: NONE	
SHEET 5 OF 9	

APICAL INDUSTRIES	APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.	2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512	OCEANSIDE, CA 92056-3512
TELEPHONE: (760) 724-5303	TELEPHONE: (760) 724-5303
FAX: (760) 724-5303	FAX: (760) 724-5303
DRAWING APPENDIX	
DRAFTSMAN: J. P. FORD	
DATE: 10/10/95	
SCALE: NONE	
SHEET 5 OF 9	

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REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



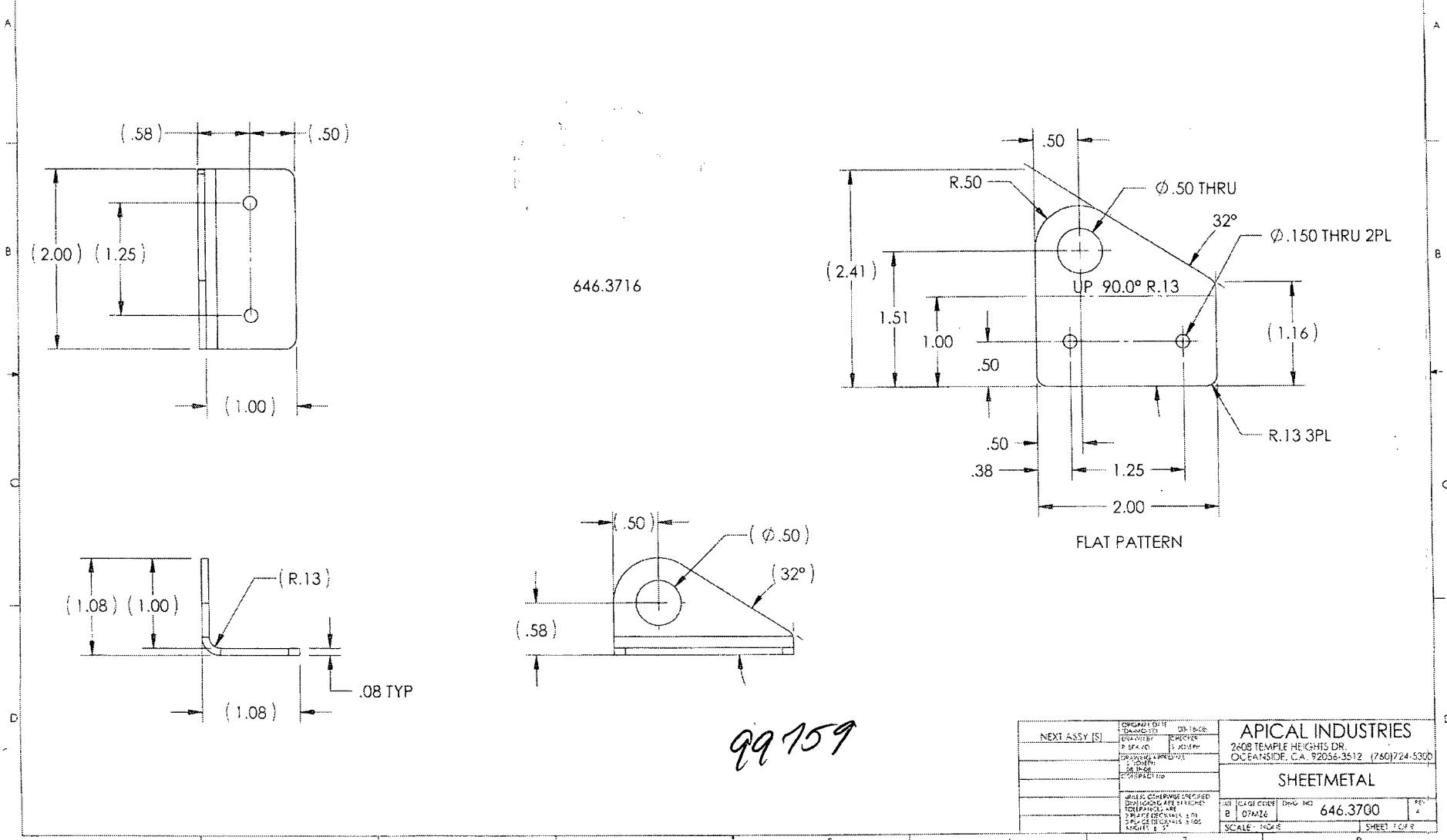
.04

646,3715

99759

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REVISED	REVISIONS	PER	DESCRIPTION	DATE	APPROVED



COMPONENT	DR-18-08
ITEM NO.	646.3716
DATE ISSUED	3-10-94
DESIGNER	J. H. FORD
CHIEF INSPECTOR	J. H. FORD
APPLICABILITY	ONE TIME USE
UNLESS OTHERWISE SPECIFIED	STAINLESS STEEL
TOOLING ALLOWANCE	.010
SPRING RATE	100
SPRING DEFLECTION	.005
SHRINKAGE	± .005
REVISIONS	0
RELEASER	1
APICAL INDUSTRIES	2608 TEMPLE HEIGHTS DR.
	OCEANSIDE, CA. 92056-3512 (760)724-5300
SHEETMETAL	
SCALE: INCHES	1:1
REV:	2

1	1	2	3	4	5	6	7	8
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			REVISIONS					
			REF	DESCRIPTION	DATE	APPROVED		

A A

B B

C C

D D

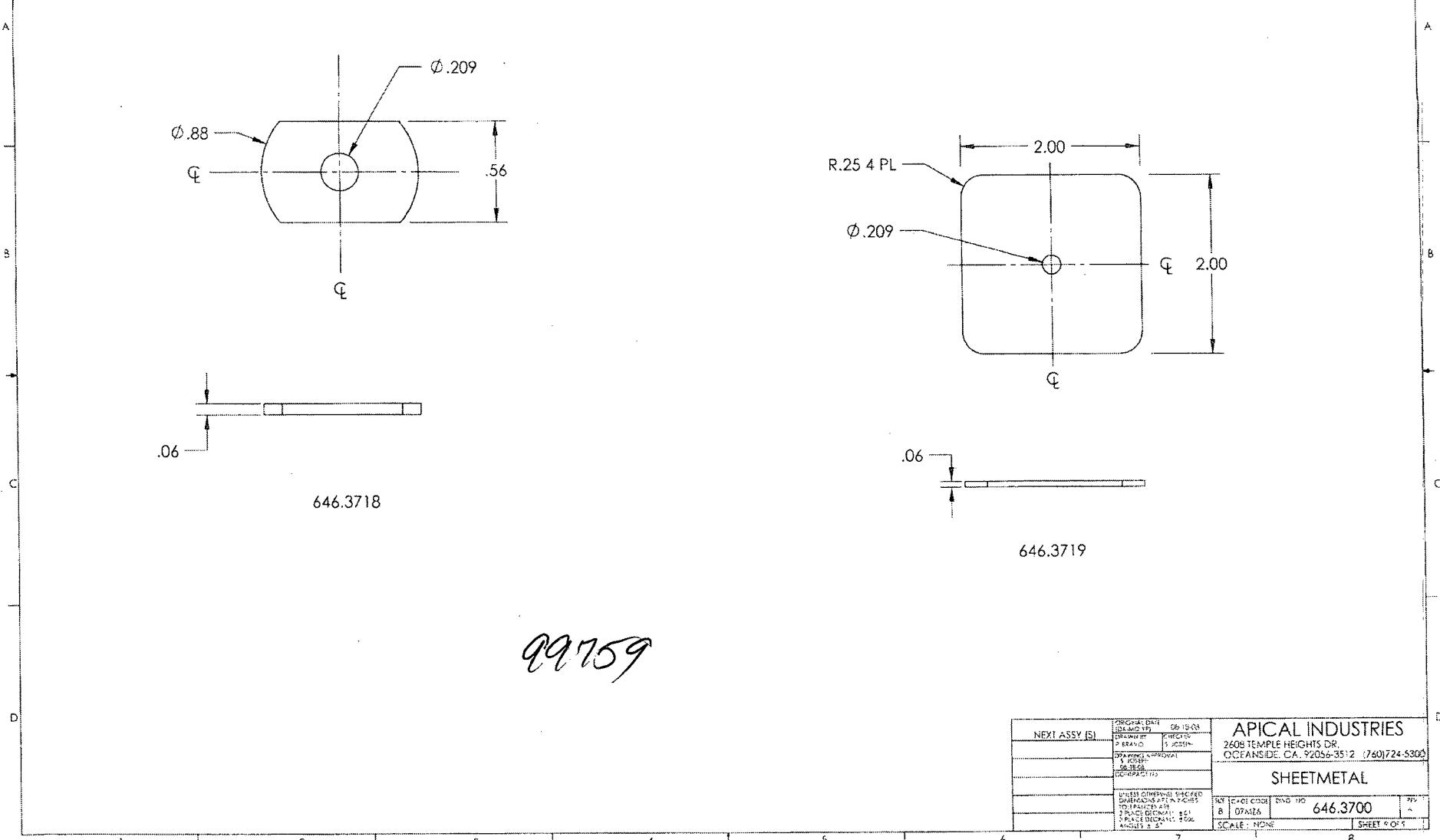
646.3717

99759

NEXT ASSY [S]	SIGNAL DATE	06-18-04	APICAL INDUSTRIES OCEANSIDE, CA 92056-3512 760/724-5300
P-00400	REVISION	S-00400	TELEPHONE
DRAWING APPROVAL		FAX	
P-00400		06-18-04	
CONTRACT #		COMPUTER	
THESE SPECIFICATIONS ARE SUBJECT TO CHANGE TOLERANCES ARE AS PER ASME Y14.5M-1994. 3.50 +/- .050 1.50 +/- .050 ANGLES +/- 5°			
INR CAGE CODE		ITEM NO.	PLATE
B-07M26		646.3700	A
SCALE		1:ONE	SHEET B OF 4

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REVISIONS		REV	DESCRIPTION	DATE	APPROVED



NEXT ASSY (S)	ORIGINAL DATE	06-19-03
DRAWN BY	REVISED	P. BRAVO S. JOSSEIN
DATA SHEET APPROVAL		
06-18-03		
DRAFTED BY		
06-18-03		
APICAL INDUSTRIES		
2608 TEMPLE HEIGHTS DR.		
OCEANSIDE, CA. 92056-3512 (760)724-5305		
SHEETMETAL		
RELEASER CODE	DOC NO	646.3700
B. DMZ		
SCALE: NONE	SHEET NO:	1



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62363

Date: 06-May-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

h: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via	
lot		
1	Part: ASST 11 PCS 646.9710 3 PCS 647.1915 19 PCS 646.3715 20 PCS 647.1713 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 2 PCS D4410-041 BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2 Job: 20130267	Rev: PO: 19638 Line:
Certificate of Conformance		
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.		
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY		
DATE: <u>6/5/13</u>		
CERTIFIED SIGNATURE: <u>M</u>		
RECEIVER SIGNATURE: _____		